Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 21, 2017	2017_575214_0012	014989-17	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF HALDIMAND COUNTY
45 Munsee Street Box 400 Cayuga ON N0A 1E0

Long-Term Care Home/Foyer de soins de longue durée

GRANDVIEW LODGE / DUNNVILLE
657 LOCK STREET WEST DUNNVILLE ON N1A 1V9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 4, 8, 9, 10, 14, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator; Director of Nursing (DON); Nursing Quality Assurance Lead; Program Supervisor; Dietary Supervisor; Facility Operations Supervisor; Registered staff; Personal Support Workers (PSW); Recreational Programmer; housekeeping staff and residents. During the course of the inspection, the Inspector reviewed resident health records; reviewed cleaning schedules; reviewed service reports; reviewed maintenance requisitions; reviewed the home's complaint log and observed residents during care and meals.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that set out the planned care for the resident.

A review of resident #100's written plan of care was conducted in relation to an identified activity of daily living (ADL). During this review, no written plan that set out the resident's preferences or needs in relation to this identified ADL, had been included in their plan.

An interview with the Nursing Quality Assurance lead confirmed that there was no written plan that set out the planned care for resident #100's identified ADL needs and preferences. The Nursing Quality Assurance lead confirmed that this identified ADL is set out in the planned care of the residents in the home and that resident #100 did not have this included in their plan. [s. 6. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out the planned care for the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were developed and implemented to

ensure that all equipment, devices, assistive aids and positioning aids in the home were kept in good repair, excluding the residents' personal aids or equipment.

A review of resident #100's clinical record indicated that on an identified date, a specified incident occurred. Staff responded to the specified incident. An identified device on the resident's specified mobility equipment was observed in an identified manner. Documentation in the clinical record indicated that no injuries were identified as a result of the incident. Documentation indicated that the resident's identified device was not in good repair and that a maintenance requisition was completed for the identified device.

An interview with the Facility Operations Supervisor confirmed that the home's procedures that were developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home were kept in good repair included staff checking at the start of their shift and documenting that the equipment, device, assistive and positioning aids were in good repair and when identified that they were not, to ensure that the item was placed out of use and a maintenance requisition was completed and submitted to the maintenance department.

A review of the resident's written plan of care indicated under an identified focus that the resident used the identified device with their specified mobility equipment and that staff were to respond to the device promptly and assist with the resident's needs. The plan also indicated that staff were to check the identified device every shift to ensure that it was in good repair.

An interview with the Nursing Quality Assurance lead confirmed that the resident had the identified device in place while using their specified mobility equipment and that they were able to undo the device. The Nursing Quality Assurance lead indicated that staff were to check the resident's equipment to ensure it was in good repair at the start of their shift and that in the past, staff would document these checks on paper; however, the home no longer had this system in place and no other system was put into place to ensure that equipment, devices, assistive and positioning aids were checked and documented at the start of the shift to ensure they were in good repair.

A review of submitted maintenance requisitions identified that a requisition had been filled out and submitted the same day as the identified incident, for resident #100's identified device that was not in good repair.

The Nursing Quality Assurance lead confirmed that resident #100's identified device had

not been in good repair on a specified date. [s. 90. (2) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment, to be implemented voluntarily.

Issued on this 30th day of August, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.